

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>8-31-98</u>		2 Serial/Patent # <u>09/126/94</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing	<u>44</u>	<u>7-30-98</u>	\$ <u>439.⁰⁰</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ <u>439.⁰⁰</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	Treasury Check		
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:		
<input type="checkbox"/>	No Fee Due (Explanation):	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 9 13--0025 </div>		
<u>Small entity statement filed in a timely manner.</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Melinda OLIVER</u>		TITLE: <u>LRL</u>		
SIGNATURE: <u><i>Melinda Oliver</i></u>		PHONE: <u>763-308-8793</u>		
OFFICE: <u>09 PL</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u><i>Debra E. O'Leary</i></u>		DATE: <u>9-10-98</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B